

Approved for use through 9/30/00

							DEPARTMENT OF COMMERCE				
PTO/SB/01					t Number		2-00048				
(8/96)				Named In			ni Brandt				
DECL	DECLARATION				COMPLETE IF KNOWN						
	OR	Declaration	, ippiio	cation Nu	mber						
☐ Submitted with		Submitted a	fter Filing	Date							
Initial Filing		Initial Filing		Art Unit							
:				iner Nam	e						
As a below named invent	or, I hereby	declare tha									
My residence, post office	address, a	nd citizenshi	ip are as state		-						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
METHOD AND ARRANGEMENT FOR MEDICAL X-RAY IMAGING											
			(Title of the	Inventio	n)						
the specification of which is attached hereto											
OR	Г										
was filed on (MM/DD/	YYYY) <u></u>			as Uni	ted States A	pplica F	ation Number or PCT				
International Number (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign price	ority benefit	ts under Title	e 35, United St	tates Coc	le §119(a)-(d	l) or §	365(b) of any foreign application(s)				
for patent, inventor's or pl	lant breede	r's rights ce	rtificate(s), or §	§365(a) o	f any PCT in	ternat	tional application which designed at				
least one country other th	nan the Uni	ted States o	f America, liste	ed below	and have al	so ide	entified below, by checking the box,				
any foreign application fo	r patent, in	ventor's or b	reeder's rights	s certificat	te(s), or of ar	ny PC	T international application having a				
filing date before that of the											
Prior Foreign		intry	Foreign Filin		Priority N	ot	Copy Attached?				
Application Number(s)			(MM/DD/Y	Ϋ́ΥΥ)	Claimed	d t	YES NO				
20031662	FINLAND)	11/14/2003								
				ŀ							
1											
☐ Additional foreign appl											
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.											
Application Number	Application Number(s) Filing Date (MI				Additional provisional						
	•		☐ Application numbers are								
listed on a supplemental											
					priority sheet attached						
					prior	ity sne	eet attached				
					prior		eet attached				

_							Atty, Docket	No. 2542-00048		
				DECLARA	ATION			-		
international ap the claims of t provided by the material to pate	pplication de his applica first parag entability as	esignated the United tion is not disclosed raph of Title 35, Unite	States in the ed Stat Code o	s of Americate prior Unites Code §1	a, listed b ted State 112. I acl Regulation	pelow and, insoft is of PCT Inter knowledge the c is §1.56 which t	ar as the sub national appl duty to disclos pecame availa	or §365© of any PCT bject matter of each of ication in the manner se information which is able between the filing		
U.S. Parent Ap	plication	PCT Parent Numl	ber	Paren	nt Filing D	ate	Parent Patent Number			
Numbe	er				(MM/DD/YYYY)		(if applicable)			
☐ Additional U	.S. or PCT	international applicati	ion nu	mbers are I	listed on a	a supplemental p	priority sheet	attached hereto.		
As a named in	ventor, I he	reby appoint the follo	wing a	attorney(s)	and/or ag			ication and to transact		
all business in t		and Trademark Office Registration	conne		with: Name		Rogi	etration		
Ivaine	,	Number			Ivaille		Registration Number			
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	Thomas M. Wozny			Aaron T. Olejniczak		k	54,853			
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Joseph J. Joch	man	25,058								
☐ Additional at	ttorney(s) a	nd/or agent(s) named	on a	supplemen	tal sheet	attached hereto	•			
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CITY	Milwaukee			STATE Wiscon		sin	ZIP CODE	53202-4178		
COUNTRY										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole					for this u	nsigned invento	r	ALON TOO OO THO TOO THE		
Given	Name (first	and middle [if any])			F	amily Name or	Surname			
Sami				В	3randt					
Inventor's Saum Mandt						Date	30th March 2004			
RESIDENCE:			state		ountry	Finland	Citizenship	Finnish		
POST OFFICE			22							
POST OFFICE	VDDUE99	Fisaiiliani 4 D 2								

Country

Finland

FI-02280

State

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

City

Espoo